

the junction of the cartilages and ribs of the third and fourth ribs of the right side to the left arm pit. In this case, distention of the pericardium by fluid corresponded with the flatness of sound and absence of respiratory murmur.

LAENNEC thought that small effusions into the pericardium could not be detected by percussion.* This however has happily been found to be an error. M. Louis has often detected it, when it did not amount to more than two ounces.†

ART. IX. *Case of Phlebitis.* By JOHN ANDREWS, M. D. of Steubenville, Ohio.

MRS. C. æt. 45, milliner, of very sedentary habits, had suffered for years from chronic disease of the liver, attended with general anasarca, habitual constipation of the bowels, painful haemorrhoids, paroxysms of severe head-ache, *et id omne genus* of ailments for the relief of which she was accustomed to being frequently bled from the arm. On the 12th of January, 1835, she was bled for the relief of one of her usual attacks, attended with a full and frequent pulse, dry tongue, and cephalalgia. On the 13th, in the evening, she complained of soreness of her arm from the bleeding, for which a bread and milk poultice was applied, and continued through the 14th. On the 15th she had general febrile excitement; dry tongue; arm swelled and painful to the touch. She took calomel as a purge, and continued same emollient poultice. On the 17th there was great restlessness; dry tongue; disposition to coma and delirium. Took calomel and magnesia, and had the fermenting poultice with charcoal applied. The treatment was continued through the 18th. On the morning of the 19th I was requested to see her in consultation with Drs. SCOTT, MIERS, and DICKSON, and learned the above particulars from Drs. S. and M. Her situation, at this time, was as follows:—The left arm, (in the cephalic vein of which she had been bled with a spring lancet,) was greatly swelled from the wrist to the shoulder, very painful to the touch, and giving the sense of equally diffused hardness, as if from thickening of the cellular tissue throughout; the colour and temperature of the integuments were very slightly changed. The orifice of the vein was open, its edges thickened and everted, and occupied by a few drops of purulent matter, the quantity of which

* Laennec, Auscultation Médiate, Tome 3re, p. 272.

† Revue Médicale, Mars, 1830. Legallois sur la Pericardite.

was slightly increased by pressure directed towards it. The swelling and hardness of the cellular tissue rendered it impracticable to trace the course of the vein. She was extremely irritable, complaining severely whenever, or however slightly touched, as from feeling the pulse of the right side, or the ankles, &c.; skin generally of a waxy appearance; pulse 120, tense, but represented as very changeable in its character; tongue moist, and slightly coated with a white fur; head hot; temporal arteries throbbing; brain oppressed; slight coma and delirium; eyeballs drawn upward, and rolling; excessive accumulation of flatus in the stomach and bowels, causing great distension of the abdomen, with severe suffering; decubitus sunk in the bed. She was taking calomel with nitre and pulv. antimon. and had recently had several black, thin alvine evacuations, the urine being scanty and high-coloured.

In consultation it was agreed to dress the orifice of the wound with a small pledget of dry lint, to make pressure upon the upper part of the vein, and to envelope the entire arm from the wrist to the shoulder with a fly blister, a practice first pursued by the discriminating and judicious Dr. PHYSICK. Internally she was to take calomel and Dover's powder in small and repeated doses.

22d, morning.—Saw her again, and learned that she had frequent evacuations of tar-like stools, and that her skin had been kept generally in a soft perspirable state. The blister had drawn well, and was discharging a thin puruloid matter; the swelling of the arm was considerably reduced, the orifice open, with matter in it, as before; pulse very frequent and oscillating; brain more oppressed; mind more disturbed; general irritability excessive. Decoction of Peruvian bark was added to her other treatment, but she continued to sink, and expired at 4 P. M.

Autopsy, 8 P. M. by candle light.—Sallow edematous appearance of the skin; excessive distention of the abdomen. An incision being made from the wrist to the shoulder of the affected arm, the swelling and hardness were seen to be dependent on the inflamed state of the subcutaneous cellular tissue, and the quantity of serous accumulation diffused through the adipose, which was an inch thick, and of a soft granular structure, easily torn. The cephalic and basilic were the only superficial veins of any size disclosed by the dissection, each of which occupied its usual relative situation, except that the cephalic, at the bend of the arm, inclined more towards the internal condyle, and assumed the place more frequently occupied by the median, or median cephalic. In it the orifice made by the operation was found patulous, its edges thickened, and pus presenting. By elevating this

vessel, it was apparent that the opening of the vein had been properly executed, and that the subjacent fascia was uninjured. For about an inch, both above and below the orifice, the vessel was greatly enlarged, having the appearance of an elongated tumour, at each termination of which it assumed the size of a goose-quill, very firm and round like an injected artery, of a ligamentous appearance, retaining these characters for about five inches each way; the inferior portion then becoming thin and diaphanous, showing the blue appearance of coagulated blood, viewed through the venous coat; the superior portion again enlarging to double its size for about two inches in length, immediately above which and near the axilla the tunics became thin and transparent, as demonstrated by the blue colour of coagulated blood. The cavity of the vein was then opened through its entire length, and was observed to be much contracted in its diameter, containing pus throughout, but accumulated in greater quantity in the enlarged portions. The parietes were firm and dense, the coats being completely agglutinated by the effused coagulating lymph. Above and below the *ligamentous cord*, the coats were thin and collapsed, containing a firm, black coagulum, the inner serous tunic being suffused with a distinct blush of redness, as if the *vasa vasorum* were highly injected, which was apparent as far as the examination was extended in either direction. The surrounding cellular membrane had formed close adventitious connexions with the vessel, but the fascia, the muscular fibres and tendon of the biceps, appeared quite free from any traces of inflammation. The basilic vein was in its usual situation, near the inner condyle, and at their nearest approach fully an inch from the cephalic, but its coats were thickened, it felt firm and hard between the fingers, and contained purulent matter through nearly an equal extent with the other vessel, the hardened thickened portion being from two to three inches shorter than that of the other. The humeral vein and artery were not examined—nor was our observation continued beyond the axilla, not only because of the objection that existed to disfiguring the corpse, but also on account of the difficulty and uncertainty of viewing minute objects, particularly shades of colour, by candle light.

The abdomen was next opened. The adipose tissue was an inch thick, of a straw colour, and a coarse lobulated structure. The stomach, colon, and small intestines were universally distended with flatus, and forced themselves through the opening in the abdominal parietes, so as continually to endanger their being opened by the scalpel. They were of a pale, healthy colour, free from false adhesions, (except between the fundus of the gall-bladder, and the colon

at its flexure from the right hypochondrium,) and lubricated with a halitus in natural quantity. The gall-bladder contained about a drachm of dark bile. The liver was enlarged; the right lobe projecting two inches below the margin of the ribs, and having a dirty white colour. On pushing the finger into its substance, the parenchyma of the gland broke down before it, precisely as in a healthy placenta, and almost giving to it the sensation of passing through a large sac, the opposing side of which were connected by a few filamentous adhesions.* Blood issued from its incisions, and no cavity or tubercles were discovered in it, or the slightest appearance of purulent matter. The texture of the left lobe was much firmer, but it was also enlarged, and of an unhealthy colour. Want of time, and the considerations before suggested, prevented our extending the examination to the interior of the stomach and bowels, and to other important parts.

It would seem that there were two distant organs, (if we may apply this term to the veins,) which were the seats of distinct lesions in the above case—the liver, the subject of chronic inflammation, producing ramollissement of its substance, and inducing depravation of general health, and that “irritability of constitution,” which Mr. ABERNETHY assigns as a predisposing cause of inflammation of the veins after venesection; and acute inflammation of the cephalic and basilic veins, probably extending by continuous sympathy along the inner tunic to the great descending trunk, and to the cavities of the right side of the heart. These lesions mutually acted on and aggravated each other, but it is probable that the phlebitis was the immediate cause of the fatal termination of the case. It is also to be remarked, that the occurrence was entirely accidental; that the operation of bleeding was justified, if not actually necessary at the time of its performance; that it was performed in a proper manner, there having been no part injured by it which should not be, and that the consequences were such as could not have been foreseen or expected, and therefore that no censure whatever should attach to the individual by whom it was performed.

It may not be improper to remark, however, that simple as the operation of opening a vein may be, it is yet one not unfrequently involving the use of a limb, or the life of a patient, and that there is no circumstance so apt to produce unpleasant and dangerous effects as one for which no man should be held excusable—the using a *dull lancet*—a *lacerating*, not a *cutting* instrument.

* Simple ramollissement of Abercrombie.